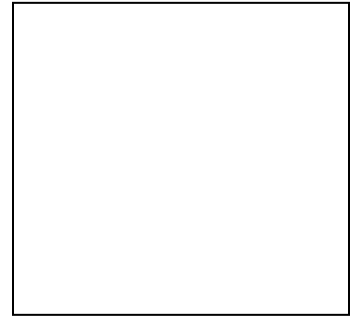




Public Protection  
Department of Housing, Buildings and Construction  
Attn: Fire Protection Systems  
101 Sea Hero Road Suite 100  
Frankfort, Kentucky 40601-5405  
Phone 502-573-0385  
Fax 502-573-1598



Initial Application for Fire Sprinkler Systems Certification

Picture

Applicant

Employer/Business

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
P.O. Box No. \_\_\_\_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
**Federal I.D. #:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

Height \_\_\_\_\_; Weight \_\_\_\_\_; Color of Eyes \_\_\_\_\_

( ) Send Mail to Home Address

( ) Send Mail to Business Address

**Enclose Passport Color Photograph For Identification Card Use.**

Enclose a nonrefundable prorated fee (see new certified inspector prorated fee schedule)

**SEND NO CASH!** Make check or money order payable to **Kentucky State Treasurer.**

**This application will not be processed unless the KHEAA statement is signed, initialed (both places) and dated.**

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Association Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Fire Alarm Systems or Fire Sprinkler Systems Certification at this time.

\_\_\_\_\_ (Initial) I confirm that all information contained on and submitted with this application is current and true to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



READ CAREFULLY

Applicant shall have had, within the five (5) years immediately preceding the date of the filing of this application, not less than one and one-half (1 ½ ) years experience in the installation, repair or testing in the particular classification for which the application is made. Please note any related schooling or experience that you feel is related to that classification.

EXPERIENCE RECORD OF APPLICANT  
(List most recent experience first)

EMPLOYER (If self-employed, so state)	DESCRIBE IN DETAIL WORK PERFORMED	FROM MO. /YEAR	TO MO./YEAR
NAME _____ _____ ADDRESS _____ _____ _____			
NAME _____ _____ ADDRESS _____ _____ _____			
NAME _____ _____ ADDRESS _____ _____ _____			

Deceptive or misleading statements by the applicant herein will invalidate this application and will be grounds to suspend or revoke a certificate issued.

(If necessary, use the back of this page.)